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**REVOCATION OF POWER OF
ATTORNEY OR AUTHORIZATION OF
AGENT; AND APPOINTMENT OF NEW
POWER AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/951,069
Filing Date	September 13, 2001
First Named Inventor	Madrtinek
Group Art Unit	
Examiner Name	
Attorney Docket Number	2660

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and appoint the following attorney(s) to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith.

DAVID M. CARTER, Reg. No. 30,949; PETER DELUCA, Reg. No. 32,978; RAYMOND E. FARRELL, Reg. No. 34,816; JOSEPH W. SCHMIDT, Reg. No. 36,920; JEFFREY S. STEEN, Reg. No. 32,063; RUSSELL R. KASSNER, Reg. No. 36,183; CHRISTOPHER G. TRAINOR, Reg. No. 39,517; GEORGE LIKOUREZOS, Reg. No. 40,067; EDWARD C. MEAGHER, Reg. No. 41,189; FRANCESCO SARDONE, Reg. No. 47,918; each of them of CARTER, DELUCA, FARRELL and SCHMIDT, LLP, 445 Broad Hollow Road, Suite 225, Melville, New York 11747; and DAVID KORIS, Reg. No. 30,908; DOUGLAS E. DENNINGER, Reg. No. 31,752; PAUL AUDET, Reg. No. 26,439; MARK FARBER, Reg. No. 34,159; LAWRENCE CRUZ, Reg. No. 36,385; each of them of UNITED STATES SURGICAL, A DIVISION OF TYCO HEALTHCARE GROUP LP, 150 Glover Avenue, Norwalk, Connecticut 06856.

AND Please change the correspondence address for the above-identified application to:

Firm Name:	United States Surgical, a Division of Tyco Healthcare Group, LP				
Address	150 Glover Avenue				
Address					
City	Norwalk				
Country	US	State	Connecticut	ZIP	06856
Telephone	(203) 845-1000	Fax	(203) 845-4356		

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	ALAN R. CARLTON, ESQ.
Signature	
Date	March 5, 2002



Please type a plus sign (+) inside this box → ☐

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PTO/SB/83 (2/00)
Approved for use through 10/31/02. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/987,690
Filing Date	15-November-2001
First Named Inventor	DePINTO
Group Art Unit	
Examiner Name	
Attorney Docket Number	27050.0102

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

EMPLOYMENT AT USPTO

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- ☒ The correspondence address is NOT affected by this withdrawal.
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This request is enclosed in triplicate.

Name

THOMAS W KRAUSE

Signature

Date

2/6/02

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.